

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | J.S. | 69154 | 9-23-00 |
| RESPONSE FORMALITY REVIEW | | | 12-9-00 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
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| 39 | ✓ | | |
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| 42 | ✓ | | |
| 43 | ✓ | | |
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| 45 | ✓ | | |
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| Claim | Final | Original | Date |
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| 51 | ✓ | | |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)